

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/514424

APPLICANT(S)

CLAIMS

	AS FILED	AFTER AMENDMENT	AFTER AMENDMENT	
	IND. DEP.	IND. DEP.	IND. DEP.	
1				
2				
3				
4				
5				
6				
7				
8				
9	1			
10	1			
11	1			
12				
13				
14				
15				
16				
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45				
46				
47				
48				
49				
50				
TOTAL IND.	1	↓	↓	↓
TOTAL DEP.	10	←	←	←
TOTAL CLAIMS	11			

	AS FILED	AFTER AMENDMENT	AFTER AMENDMENT	
	IND. DEP.	IND. DEP.	IND. DEP.	
81				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.		↓	↓	↓
TOTAL DEP.		←	←	←
TOTAL CLAIMS				